

St Therese of The Child Jesus Parish

Reg Date: / /

Family Registration

113 Kort St., Rothschild, WI 54474 (715) 359-2421

Last Name: [] First Name(s): []
Mailing Name (ie Mr. & Mrs. John Doe) []
Address: [] Add2: []
City: [] State: [] Zip: [] - []
AreaCode: [] Home Phone: [] Emerg. Phone: []
Family Email: [] Env# []

Individual Member Information

Parish Status: (Active, Inactive) [] []
Role: (Head of House, Husband, Wife etc.) [] []
First Name / Nickname: [] / [] [] / []
Gender: Male / Female (Maiden) [] [] Male / Female (Maiden) [] []
DOB (mm/dd/yyyy): [] / [] / [] [] / [] / []
Email: [] []
Work Phone/Cell Phone: [] / [] [] / []
First Language: [] []
Occupation/Employer: [] / [] [] / []
Sacramental Info:
Baptized? [] Catholic? [] [] []
Dates (mm/dd/yyyy): [] / [] / [] [] / [] / []
Reconcil? [] First Eucharist? [] Confirmed? [] [] [] []
(Single, Married, Separated, Divorced, Annulled)
Marital Status: [] Valid Catholic Marriage? []
Are there any members of your household who would like to be visited by a priest?

Dependent Children Information

Relationship to Head of Household First Name / Last Name Gender Birthdate & Birthplace H.S. Grad Yr School First Language
(Son, Daughter, Mother Father etc.)
1. [] [] [] M / F [] / [] / [] [] [] []
Check if Sacrament Received. Add Date if known. Baptism [] Catholic? [] Eucharist [] Reconciliation [] Confirmation []
[] / [] / [] [] / [] / [] [] / [] / []
2. [] [] [] M / F [] / [] / [] [] [] []
Check if Sacrament Received. Add Date if known. Baptism [] Catholic? [] Eucharist [] Reconciliation [] Confirmation []
[] / [] / [] [] / [] / [] [] / [] / []
3. [] [] [] M / F [] / [] / [] [] [] []
Check if Sacrament Received. Add Date if known. Baptism [] Catholic? [] Eucharist [] Reconciliation [] Confirmation []
[] / [] / [] [] / [] / [] [] / [] / []

Please fill in all blank boxes and provide changes where necessary. If need to add additional members please use a second form.